

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: GAWER et al Confirmation No.: 5847
Serial No.: 10/574,368 Group Art Unit: 3753
Filed: 01/16/2007 Examiner: Andrew Rost
Title: Sluice System for a Vacuum Facility

To: Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Request for Refund of Petition Fee

Dear Sir:

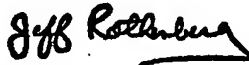
On October 5, 2010, Applicant filed a Petition to Revive an unintentionally abandoned application. At that time Applicant authorized the Commissioner to charge the \$1,620 Petition fee and an \$1,110 extension fee to Deposit Account 08-1935. The extension fee was deemed to be unnecessary and therefore credited to the Deposit Account.

On November 16, 2010, Applicant's Petition was dismissed.

On March 15, 2011, Applicant filed a Renewed Petition Under 37 CFR 1.137(b) requesting reconsideration of the dismissed Petition and inadvertently paid a second \$1,620 Petition fee. Since the second Petition fee was paid in error, Applicant respectfully requests that this error be excused and the overpayment be refunded. Applicant hereby authorizes the Commissioner to credit the \$1,620 overpayment to Deposit Account 08-1935.

This refund request is being filed within three months of the date of the payment of the full fee and is therefore timely filed.

Respectfully submitted,



Jeff Rothenberg, Reg. No. 26,429
Attorney for Applicant

Dated: March 22, 2011

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Adjustment date: 03/31/2011 CKHLOK
03/16/2011 INFEFSW 00001695 081935 10574368
01 FC:1453 1620.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3-28-11 2 Serial/Patent # 10/574368

3 Please refund the following fee(s):

	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue		3-15-11	\$ 1,620.00
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$ 1,620.00

10 REASON:

- ☐ Overpayment
- ☒ Duplicate Payment
- ☐ No Fee Due (Explanation):

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

08--11935

Petition Fee previously paid.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Karen Creasy

TITLE: Petitions Examiner

SIGNATURE: /Karen Creasy/

PHONE: 2-3208

OFFICE: Petitions

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: [Signature]

DATE: 3/31/11

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: